

LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTH  
VITAL RECORDS REGISTRY  
APPLICATION FOR CERTIFIED COPY OF BIRTH

**FOR USE BY HURRICANE KATRINA EVACUEES ONLY**

SHORT FORM BIRTH CERTIFICATION CARD

NAME AT BIRTH - First, Middle, Last \_\_\_\_\_

DATE OF BIRTH - Month, Day, Year \_\_\_\_\_

SEX \_\_\_\_\_

CITY OF BIRTH \_\_\_\_\_

PARISH OF BIRTH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME - BEFORE MARRIAGE \_\_\_\_\_

RELATIONSHIP TO PERSON NAMED ON CERTIFICATE:

**Must Submit Photo ID** - If unavailable, See Katrina ID Requirements

☐ Self ☐ Mother ☐ Father ☐ Grandparent ☐ Grandchild ☐ Current Spouse ☐ Sister ☐ Brother ☐ Legal  
Guardian (with Judgement of Custody) ☐ Other - Specify \_\_\_\_\_

**Print Name and Address of Applicant:**

Name: \_\_\_\_\_ Street Address or Route: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**I AM AWARE THAT ANY PERSON WHO WILLFULLY AND KNOWINGLY MAKES ANY FALSE APPLICATION FOR A CERTIFIED COPY OF A VITAL RECORD IS SUBJECT UPON CONVICTION TO A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT OF NOT MORE THAN FIVE YEARS, OR BOTH.**

Signature of Applicant: \_\_\_\_\_

**THE FOLLOWING INFORMATION IS TO BE COMPLETED BY PERSON TAKING APPLICATION**

☐ To be picked up ☐ Mail to Customer  
**Mail to:** (Birth Card will be mailed to this address FIRST)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_

**Alternate Mail to:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_

<u>Search Method</u>	<u>Employee</u>	<u>Date</u>
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Transmittal	_____	_____
Computer:	_____	_____
Microfilm:	_____	_____
Book Indices:	_____	_____
Charity Cards:	_____	_____
Delay Cards:	_____	_____
Hand Search:	_____	_____
Other (Indicate):	_____	_____

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☐ ID Requirements Met ☐ Application Signed

Printed Name of Office and Clerk Accepting Application